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Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

MOVSAS, TAMMY

COLLAPSIBLE PORTABLE

3075-04

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Tammy Movsas		
Signature	<i>Tammy Z. Movsas</i>		
Date	7/26/04	Telephone	856-667-6975

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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